Name in Full Randolph G. Burrick

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month 4 Day 22 Age Y. 76 M. 2 D. 8 Native of Md Occupation —

Male ~~Female~~ White ~~Colored~~ Married Single ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband of Wife —

Father's Name — Mother's Name —

Cause of Death Primary Softening of Brain How long sick two years

Immediate ? 43 ~~Accident, Suicide, Homicide~~

Reported by Dr Wm Crawford Shuson

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEDER

Name in Full

Certificate of Death

William Henry Baltzell

Died at Town: Frederick County: Frederick MARYLAND

Date 189 Month: 9 Day: 19

Age Y.: 67 M.: 1 D.: 19

Native of Md Occupation Physician

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband / Wife of Josephine V. Nelson

Father's Name John Baltzell Mother's Name Ruth Ridgely

Cause of Death — Primary: Acute Nephritis 96 following Chronic disease of Heart

Immediate: Uremia

How long sick one week

~~Accident, Suicide, Homicide~~

Reported by Dr Wm Crawford Thomas

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65969

Name In Full

Certificate of Death

Hannah Beakley

Died at Town: Bolivar County: Fred- MARYLAND

Date 1899 Month: Sept Day: 15 | Age Y. 93 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living None

~~Husband~~ Wife of Daniel Beakley

Father's Name | Mother's Name

Cause of Death — Primary: Gen. Debility 141 — How long sick: 3 mos

Immediate: Dropsy — Accident, Suicide, Homicide

Reported by Dr. L. F. Davis

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full | Certificate of Death

Mrs Catherine Beck

Died at Town: Frederick County: Frederick MARYLAND

Date 1899 Month: Sept. Day: 10 | Age Y. 74 M. D. | Native of: Frederick | Occupation: Midwife

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: John Finche | Mother's Name: Elizabeth

Cause of Death: Primary: Organic disease of the heart | How long sick: 8 days

Immediate: 57 | Accident, Suicide, Homicide

Reported by: F. F. Smith

Address: 40 E. 2d St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Lillie Virginia Berner

Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 1899 Month 9 Day 15 Age Y. 2 M. 5 D. 11 Native of Occupation

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Benjamin Mathews Mother's Name Rachael Berner

Cause of Death Primary 49 How long sick Two days

Immediate Spasms

Accident, Suicide, Homicide

Reported by C. S. Rusher M.D.

Address Brunswick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Leaved 9 16 - 99

9 P.M

Name in Full: Jimmy Boyer

Certificate of Death

Died at Town: Middletown County: Frederick MARYLAND

Date 1899 Month: Sept Day: 7 Age Y. M. D.: — — 21 Native of: Occupation:

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ of ~~Wife~~

Father's Name: James Boyer

Mother's Name: Ceara Summers

Cause of Death: Primary 49 How long sick

Immediate Spasms Accident, Suicide, Homicide

Reported by Henry C Feete undertaker

Address Middletown Frederick Comd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. No Doctor in attendance

of

Information contained in this certificate received from Mrs Boyes

of Middleburn

Name in Full

Certificate of Death

Caroline Brooks

Died at Town near Petersville County Frederick Co MARYLAND

Date 1899 Month sept Day 25 | Age Y. M. D. | Native of | Occupation

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living 2

Husband of Wife Daul Grayson

Father's Name Wm H Brooks

Mother's Name Margaret Hardy

Cause of Death Primary

Immediate Typhoid Fever

How long sick 3 weeks

Accident, Suicide, Homicide

Reported by [illegible]

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Dr West

Informant

Albert Brooks

Name in Full Eliza Burrier

Certificate of Death

Died at ~~Union Bridge~~ Town Clemsonville County Fredk Co. MARYLAND

Date 1899 Month 9 Day 30 Age Y. 72 M. 6 D. Native of Fredk Co. Occupation —

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ of Wife Jos. Burrier

Father's Name — Mother's Name 42

Cause of Death: Primary Apoplexy — How long sick 2 hrs.

Immediate — Accident Suicide, Homicide

Reported by H. Durbin Brown M.D.

Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Elizabeth Eleanor Clabaugh

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 189 9 Month 9 Day 9 Age Y. 21 M. 10 D. 26 Native of Md Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of Wife

Father's Name Ussher Clabaugh Mother's Name Mary Wilson

Cause of Death Primary Gastritis 154 How long sick one month

Immediate inhaustion ~~Accident, Suicide, Homicide~~

Reported by Dr Wm Crawford Johnson

Address Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Funeral Monday

Interment at Middleburg

Cemetery Co

NON-CONTAGIOUS.

Make Duplicate

H. T. Rue & Sons

Name in Full: Philip Coblentz

Certificate of Death

Died at: Town: Middletown County: Frederick MARYLAND

Date 1899 Month: September Day: 1 Age: Y. 87. M. 3. D. 17 Native of: Fredk Co Occupation: Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living: 7

Husband ~~Wife~~ of: Mary Ann Refauser

Father's Name: Jno Philip Coblentz Mother's Name: Elizabeth Coblentz

Cause of Death: Primary: Old age #42 How long sick: 7 days

Immediate: Cerebral Haemorrhage ~~Accident, Suicide, Homicide~~

Reported by: J. E. Beatty M.D.

Address: Middletown Frederick Co —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65958

Name in Full George F. Cramer — Certificate of Death

Died at Frederick. (Town) (County) MARYLAND

Date 189 9 Month 9 Day 25 Age Y. 9 M. 6 D. 4 Native of Penna Occupation School

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced Number of children living 1

Husband of X
Wife

Father's Name Jackson H. Cramer Mother's Name Hannah Stoner

Cause of Death: Primary Typhoid Fever — How long sick 2 weeks

Immediate Paralysis of Heart — Accident, Suicide, Homicide

Reported by Chas. F. Goodwin M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Hannah Wright Fleming

Certificate of Death

Died at Town Weldon County Frederick MARYLAND

Date 189 9 Month Sept Day 24 | Age Y 88 M. 0 D. 0 | Native of Md. | ~~Occupation~~ u

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living 5

~~Husband~~ Wife of John H Wright

Father's Name Matthew Fleming. Mother's Name 81

Cause of Death { Primary Inflamation of stomach. How long sick 3 days

Immediate

Accident, Suicide, Homicide

Reported by E. R. Puckett M.D.

Address Weldon Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Charles G. Lout

Certificate of Death

Died at Middletown (Town) Frederick (County) MARYLAND

Date 1899 Month Sept Day 23 | Age Y. 21 M. 5 D. 29 | Native of Md | Occupation Clerk

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Widow~~ ~~Widower~~ Single ~~Widowed~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Josiah Lout | Mother's Name Mary E. Routzahn

Cause of Death: Primary Pulmonary Tuberculosis | How long sick 2 years

Immediate Exhaustion 22a

~~Accident, Suicide, Homicide~~

Reported by G. Beatty M.D.

Address Middletown Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 58968

Name In Full

Certificate of Death

Claudius E. Fossett

Died at Town: New London County: Frederick MARYLAND

Date 1899 Month: 9 Day: 6

Age Y.: 5 M.: D.:

Native of: Maryland

Occupation: —

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: Walter Fossett

Mother's Name: Lizzie Dorsey Fossett

Cause of Death — Primary: Cholera Infantum

Immediate: Exhaustion 82

How long sick: 8 days

~~Accident, Suicide, Homicide~~

Reported by: Howard N. Hopkins Jr. M. D.

Address: New Market, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full Rachel Frederick, Certificate of Death

Died at Town Bartholows, County Frederick Co MARYLAND

Date 189 9 Month 9 Day 1 | Age Y. M. D. — | Native of Md. | Occupation General Servant

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 6 —

~~Husband~~ Wife of Grafton Frederick 86

Father's Name Don't Know | Mother's Name Don't Know

Cause of Death: Primary Femoral Hernia Strangulated, | How long sick 4 days

Immediate Shock & Exhaustion Operation | ~~Accident, Suicide, Homicide~~

Reported by J W Downey MD

Address New Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Certificate of Death

Gray

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month 4 Day 13 Age Y. M. D. 4 Native of Md Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Robert Gray Mother's Name Sarah Thomas

Cause of Death Primary Thomas Neonatorum How long sick ?

Immediate 140 ~~Accident, Suicide, Homicide~~

Reported by Dr Wm Crawford Johnson

Address Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full: Caroline P. Grayson

Certificate of Death

Died at: Near Petersville (Town) Frederick (County) MARYLAND

Date 1899 Month: Sep Day: 25 | Age Y. M. D.: 25 | Native of: Md | Occupation: Home wife

~~Male~~ / Female | ~~White~~ / Colored | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living: two

Husband / Wife of: Daniel Grayson

Father's Name: Wm H. Brooks | Mother's Name: Margaret Brooks

Cause of Death: Primary: Typhoid Fever | How long sick: 3 weeks

Immediate: Hemorrhage | ~~Accident, Suicide,~~ Homicide

Reported by: Levin West

Address: Brunswick — Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full: John Haller

Certificate of Death

Died at: Town: Frederick — County: " — MARYLAND

Date 189 9 — Month: 9 — Day: 10 — Age: Y. 65 M. 3 D. 15 — Native of: Md — Occupation: Shoemaker

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living 11

Husband / Wife of X

Father's Name: Jacob Haller — Mother's Name: Mary Dadisman

Cause of Death: Primary: Concussion of Brain 1450 — How long sick: 6 hours

Immediate: Form fall from wagon — Accident, ~~Suicide~~, ~~Homicide~~

Reported by: C F Gordell. Md

Address: Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969

Name in Full

Certificate of Death

Mary Darby Hollis

Died at Town Brunswick County Frederick MARYLAND

Date 189 9 Month 9 Day 2 Age Y. 1 M. 3 D. 11 Native of American Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children ~~living~~

Husband of Wife —

Father's Name Frank N Hollis Mother's Name Mary C. Hollis

Cause of Death: Primary Cholera Infantum — How long sick 3 weeks

Immediate Convulsions 82 — Accident, Suicide, Homicide

Reported by Dr H. S Hedges

Address Brunswick Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Received 9-22-49
5 P.M

Name in Full: Frank Johnson Jr

Certificate of Death

Died at — Town: Fredk — County: Fredk — MARYLAND

Date 1899 — Month: 9 — Day: 22 — Age: ~~T. M. D.~~ thousands — Native of: Md — Occupation: —

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of: —

Father's Name: Frank Johnson — Mother's Name: Isabel Carson

Cause of Death — Primary: Cyanosis due to violent labor 138 — How long sick: —

~~Immediate~~ — ~~Accident, Suicide, Homicide~~

Reported by: Dr Wm Crawford Johnson

Address: Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full — Certificate of Death

Catherine Ellen Kelly

Died at — Town: New Market — County: Frederick — MARYLAND

Date 1899	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	9	13		75	11	9	Frdk Co. Md	none

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 5

~~Husband of~~ Wife: Jno. Kelly

Father's Name: Franklin Gillespy — Mother's Name: Catherine Parr

Cause of Death — Primary: Gastritis — Immediate: Diarrhoea — 83

How long sick: 24 days

~~Accident, Suicide, Homicide~~

Reported by: Dr. Howard H. Hopkins jr

Address: New Market Frdk Co. Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full — Certificate of Death

Rosie G. Leakins.

Died at Town: Fredk. County: Fredk. MARYLAND

Date 189 Month: Sept. Day: 29 Age: Y. — M. — D. 6 Native of: Fredk. Occupation: — — —

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Levin Leakins Mother's Name: Annie Passaway

Cause of Death — Primary: Premature 138/N — How long sick: —

Immediate: birth — ~~Accident, Suicide, Homicide~~

Reported by: J. A. Hudnip, M.D.

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Emily Kate Long

Certificate of Death

Died at: Town: Covers County: Frederick MARYLAND

Date 1899 Month: Sept Day: 9 Age Y. 36 M. 10 D. Native of: Md Occupation: Domestic

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife: 152a

Father's Name: Daniel Long Mother's Name: Harriet E. Long

Cause of Death: Primary: Concussion of Brain How long sick: 6 days

Immediate: General Paralysis Accident, ~~Suicide, Homicide~~

Reported by: Maximus Whitehill M.D.

Address: Unionville Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Rev. Arthur McAvoy, S.I.

Died at Town: Frederick | County: Frederick | MARYLAND

Date 1899 Month: Sept Day: 28 | Age Y. 45 M. 4 D. | Native of: Boston | Occupation: Religious

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | Widow / ~~Widower~~ | ~~Divorced~~ / Number of children living

Husband / Wife of

Father's Name | Mother's Name

Cause of Death: Primary: Paralysis 44 | How long sick: 2 years

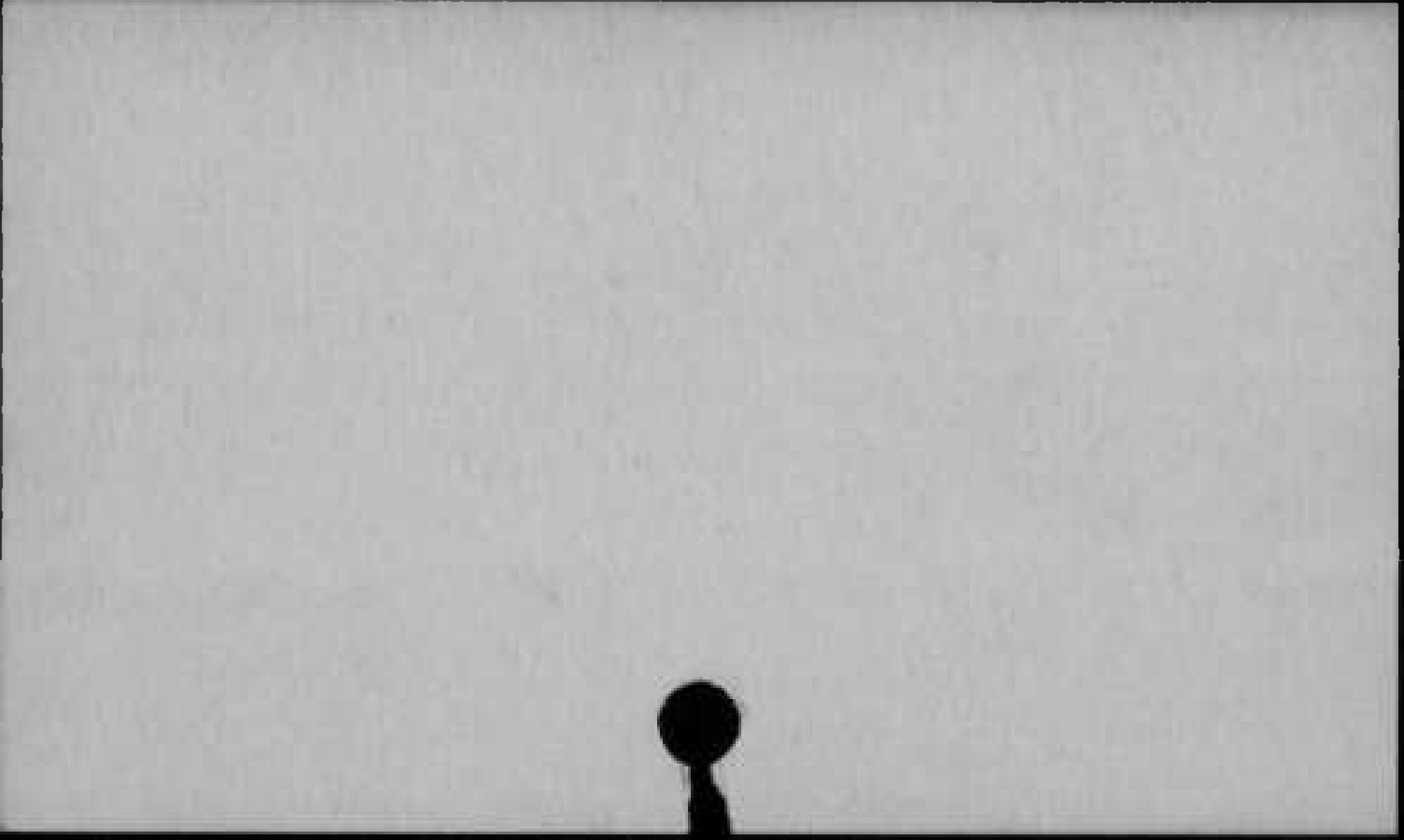
Immediate: Apoplexy | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: F. F. Smith

Address: E. 2d St.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full: Thomas John Maught

Certificate of Death

Died at: Town: Frederick County: Frederick MARYLAND

Date 1899 Month 4 Day 20 Age Y. 82 M. 3 D. 26 Native of Md Occupation Clerk

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 0

Husband / Wife of Sevilla Wolf (Maught)

Father's Name John Maught Mother's Name Mary Easterday

Cause of Death: Primary 97 Bright's disease — How long sick [illegible]

Immediate [illegible] — Accident, Suicide, Homicide

Reported by Dr [illegible] Crawford [illegible]

Address Fredk [illegible]

Must be signed by physician, if any in attendance, otherwise [illegible] proner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full: William E. Mercer.

Certificate of Death

Died at — Town: Mc. Kaig — County: Frederick — MARYLAND

Date 1899 — Month: Sept. — Day: 6 — Age: Y. 35 M. D. — Native of: Md. — Occupation: Farmer

Male — White — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: 6

Husband ~~Wife~~ of: Ida Fox

Father's Name: William F. Mercer — Mother's Name: Jemima Barthlow

Cause of Death — Primary: Typhoid Fever — How long sick: 25 days.

Immediate: Intestinal Haemorrhage — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: J. H. Leib

Address: Mt Pleasant Fredk. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Russell Miller

Died at Town: Ladiesburg County: Frederick MARYLAND

Date 189 Month: Sept Day: 7 | Age Y. 1 M. 9 D. 13 | Native of Md. | Occupation Infant

Male / Female (Female struck) | White / Colored (Colored struck) | Married / Single (Single struck) | Widow / Widower (Widower struck) | Divorced | Number of children living

Husband / Wife of —

Father's Name Milton Van Buren Miller | Mother's Name Mollie Slagenwitz

Cause of Death — Primary: Entero-Colitis, Teething — How long sick: 7 days.

Immediate: Convulsions 82 — Accident, Suicide, Homicide

Reported by Chas. N. Dill

Address Double Pipe Creek Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full Mrs Susan Neixdorff

Certificate of Death

Died at Town Frederick County " MARYLAND

Date 189 9 Month 9 Day 5 Age Y. 72 M. D. Native of Md Occupation H K.

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living 5

~~Husband~~ Wife of Samuel Neixdorff.

Father's Name William Purdy Mother's Name

Cause of Death Primary Dysentery. 84 How long sick 10 days

Immediate Exhaustion Accident, Suicide, Homicide

Reported by Chas. F. Goodell. M.D.,

Address Frederick. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65952

Name in Full | Certificate of Death

Offert

Died at Town Linnekiln P.O. County Frederick MARYLAND

Date 189 9 Month 9 Day 24 Age Y. 3 M. — D. Native of Md Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widow~~ ~~Number of children~~ living

Husband / Wife of —

Father's Name Richd Offert Mother's Name Rebecca Ingle

Cause of Death: Primary Diphtheria 8 W How long sick week

Immediate Broncho-Pneumonia Accident, Suicide, Homicide

Reported by Wm Crawford Johnson MD

Address 3 E E other side Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

This case was sick several days before I was called at which time croupy symptoms had developed & used 2000 units (Mulford) antitoxin and repeated this in 10 hours at which time the pneumonic symptoms had appeared. The child died within 20 hours from first injection.

M C

Name in Full

Certificate of Death

Georgia S. Pearre

Died at Town: Unionville County: Frederick MARYLAND

Date 1899 Month: Sep. Day: 3

Age Y. 32 M. 6 D. 9

Native of Md

Occupation House wife

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / ~~Widower~~

Divorced

~~Number of children living~~

~~Husband~~ / Wife of Leona Pearre

Father's Name John Stevens

Mother's Name Joanna Hann

Cause of Death: Primary An over dose Morphia — How long sick found 5 hours after

Immediate Narcotism. 151

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Thomas P. Saffington

Address Unionville Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full Kate Penby

Certificate of Death

Died at Town Sabillasville County Fred. MARYLAND

Date 189 9 Month 9 Day 19 Age Y. 39 M. D. Native of N.C. Occupation Housewife

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death Primary Phthisis Pulm. How long sick about 3 yrs.

Immediate Accident, Suicide, Homicide

Reported by Wm. Dulaney Thomas, M.D.

Address 633 Carrollton Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

H Clay Perry

Died at Town Frederick County — MARYLAND

Date 189 9 Month 9 Day 11 | Age Y. 47 M. — D. | Native of U.S. | Occupetion —

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband ~~Wife~~ of Kate Perry — 97

Father's Neme Jas - Perry — Mother's Name Perry —

Cause of Death: Primary Nephritis Interstitial — How long sick 10 years

Immediate Uraemic Convulsion — ~~Accident, Suicide, Homicide~~

Reported by Franklin Buchanan Omfeld

Address

Must be signed by physician, if any in attendence, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full Eliza Ann Poole — Certificate of Death

Town Frederick — County

Died at — MARYLAND

Date 189 9 Month 9 Day 15 — Age Y. 94+ M. D. — Native of — Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of / Wife

Father's Name

Mother's Name 141

Cause of Death — Primary: Senile Debility — How long sick

Immediate

Accident, Suicide, Homicide

Reported by Jno. McCurdy

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Mt Olivet Cemetery
Sept 16 1899
C C Carley

Name in Full Lester Poole

Certificate of Death

Died at Town Unionville County Frederick MARYLAND

Date 1899 Month Sep. Day 8 Age Y. 1 M. 1 D. 9 Native of Md ~~Occupation~~

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Edward Poole

Mother's Name Emma Harn

Cause of Death: Primary Cholera infantum — How long sick 6 days

Immediate Spasms 82 — ~~Accident, Suicide, Homicide~~

Reported by Thomas P. Sappington

Address Unionville Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full

Certificate of Death

Jennie Cornelia Jackson Posey.

Died at Town: Linn Kiln County: Frederick MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	9	23	6	10	25	Md	—

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number ~~of children~~ living

~~Husband~~ ~~Wife~~ of

Father's Name: Perry Jackson (?) Mother's Name: Jane Posey

Cause of Death — Primary: Diphtheria, 8 D — How long sick: 10 Days —

Immediate: Heart paralysis — Accident, Suicide, Homicide

Reported by T. Clyde Roulson, M. D.

Address Buckeystown, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name In Full

Certificate of Death

Henry B Ramsburg

Died at Town: Frederick County: — MARYLAND

Date 1899 Month: 9 Day: 11 | Age Y. 35 M. — D. — | Native of Md | Occupation Burner

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living —

Husband ~~Wife~~ of Laura Ramsburg

Father's Name John Ramsburg | Mother's Name — Ramsburg

Cause of Death — Primary: Acute Nephritis 96 — How long sick: 14 days

Immediate: Uraemic Coma — ~~Accident, Suicide, Homicide~~

Reported by L. M. Johnson & F. B. Smith

Address Adamstown & Frederick

Must be signed by physician, if ~~any~~ in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full — Certificate of Death

Thos. L. Rutledge

Died at New Market — Town — County Frederick — MARYLAND

Date 1899 — Month 9 — Day 20 — Age Y. 77 M. D. — Native of — Occupation

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ — Number of children living 9 —

Husband of Wife Rebecca L. Fite

Father's Name Thos. Rutledge — Mother's Name

Cause of Death — Primary — Immediate — 161 — How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 9-23

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full Conrad Henry Maught Shafer

Certificate of Death

Died at near Burkittsville Town County Fred. MARYLAND

Date 189 9 Sept. Month Day | Age Y. 28 M. 10 D. 17 | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name H. J. Shafer

Mother's Name Eliza Shafer

Cause of Death: Primary Complication of diseases | How long sick

Immediate 161 | Accident, Suicide, Homicide

Reported by Brunswick Herald 9-22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Josephus Karn, Funeral Director.

Name in Full

Nellie K Shelton

Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 189 9 - Month 9 Day 4 Age Y. 6 M. 24 D. Native of Brunswick Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Charles E. Shelton Mother's Name Effie Shelton

Cause of Death Primary Malnutrition 140 How long sick 6 weeks

Immediate Dr. Fisk Eclyne Accident, Suicide, Homicide

Reported by

Address Brunswick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85868

Received Sept 3 '99

8 15 P.M.

Name in Full

Certificate of Death

John Siebert

Town

Frederick

County

Frederick

Died at

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1899 Sept 9

Age 85

Holland

Religious

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number~~ of ~~children~~ living

~~Husband~~/ of

~~Wife~~

Father's Name

Mother's Name

141

Cause of Death — Primary: General debility

How long sick: 4 weeks

Immediate

~~Accident~~, Suicide, ~~Homicide~~

Reported by

F. H. Smith

Address

40 E. 2nd St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full Mary Lucille Sigofoose

Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 1899 Month Sep Day 26 Age Y. 8 M. – D. Native of Md Occupation Child

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Benjamin F. Sigofoose Mother's Name Laura Sigofoose

Cause of Death Primary Typhoid Fever How long sick 12 days

Immediate Heart Failure ~~Accident, Suicide, Homicide~~

Reported by Levin West

Address Brunswick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Received 9-26 99

1-15 pm

Name in Full

John T. Shawn

Certificate of Death

Died at Town Frederick County " MARYLAND

Date 189 9 Month 9 Day 26 Age Y. 64. M. 8 D. 21 Native of Md Occupation Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 4

Husband of X
Wife

Father's Name

Mother's Name 97

Cause of Death Primary Brights Disease How long sick 8 days

Immediate Paralysis ~~Accident, Suicide, Homicide~~

Reported by C F Goodell. Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Joshua Frank Stokes

Certificate of Death

Died at Town Frederick County " MARYLAND

Date 189 9 Month 9 Day 4 Age Y. 1 M. 4 D. 19 Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband Wife of X

Father's Name Frank Stokes Mother's Name 7 Topper

Cause of Death Primary Whooping Cough How long sick 1 week

Immediate Cholera Infantum Accident, Suicide, Homicide

Reported by C. F. Gordell. MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Stinn

Died at Town Frederick County MARYLAND

~~Date of Death~~ 9- Month 27 Day | Age Y. M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

Husband / Wife of X

Father's Name Harry Stinn

Mother's Name Mary Daniels

Cause of Death: Primary Separation of Placenta 140

How long sick

Immediate

Accident, Suicide, Homicide

Probably seven days or at least 6 hrs after birth

Reported by

Address Frederick Buchanan Funeral Chs

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Henry C Taylor

Died near Town Emmitsburg County Frederick MARYLAND

Date 1899 Month Sept. Day 1 | Age Y. 68 M. D. | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name James Taylor

Mother's Name Ann McCann

Cause of Death: Primary 22a

Immediate Phthisis

How long sick One year

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Robert L Annan

Address Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Infant of William H. Thomas

Died at Frederick (Town) Frederick (County) MARYLAND

Date 189 4 , Month 9 Day 26 | Age Y. x M. 3 D. 22 | Native of Frederick | Occupation x

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 1

~~Husband of~~ ~~Wife~~

Father's Name William H. Thomas

Mother's Name Ida Thomas

Cause of Death: Primary Cholera Infantum & 2

Immediate Exhaustion.

How long sick 24 hours

~~Accident, Suicide, Homicide~~

Reported by W. A. Long

Address 46 E. Church St Salt City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

John Paul Walker

Died at Town Frederick. County " MARYLAND

Date 189 9 Month 9 Day 26 Age Y. X M. 2 D. 6 Native of md Occupation x

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife x

Father's Name Charles Walker Mother's Name Jane Young

Cause of Death Primary Chronic Bronchitis 70 How long sick sun birth

Immediate x Accident, Suicide, Homicide

Reported by C. F. Goodell. M D

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Mrs Sizzy A Walsh

Died at Town Brunswick County Frederick MARYLAND

Date 1899 Month 9 Day 24 Age Y. 74 M. D. Native of American Occupation none

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living ~

~~Husband~~ Wife of W. McK. Walsh

Father's Name David Ferlunger Mother's Name Anna Ferlunger

Cause of Death Primary 44 How long sick 6 days

Immediate Paralysis Accident, Suicide, Homicide

Reported by A. G. Hoover

Address Brunswick Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Received 9-25 94

4:05 P.M

Name in Full

Ernest D. Webb

Certificate of Death

Died at Town: New London County: Frederick MARYLAND

Date 1899 Month: 9 Day: 26

Age Y.: 37 M.: 10 D.: 7

Native of: Fredk. Co.

Occupation: Miller

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living none

Husband ~~Wife~~ of Annie M. Scheeler

Father's Name George Webb

Mother's Name Miriam Smomley

Cause of Death

Primary Pulmonary Tuberculosis

Immediate Laryngitis 22a

How long sick 18 months

~~Accident, Suicide, Homicide~~

Reported by Howard H. Hopkins Jr. M.D.

Address New Market Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Kate - Willard

Died at Town Frederick - County — MARYLAND

Date 1899 Month 9 Day 25 Age Y. M. D. 5 minutes Native of U.S. Occupation x

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living —

Husband / Wife of x 138 b

Father's Name Clinton B Willard Mother's Name Sallie K Willard

Cause of Death: Primary Premature Birth — How long sick —

Immediate Asthenia 6½ mos. — Accident, Suicide, Homicide

Reported by Franklin Buchanan Inscoop

Address City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Name in Full Lillian Virginia Williar

Certificate of Death

Died at Town County Fred. MARYLAND

Date 1899 Month Sep. Day 23 Age Y. 3 M. 1 D. Native of Med ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ Wife of

Father's Name Jacob. Williar Mother's Name Bertha Barne

Cause of Death Primary Cholera infantum How long sick 4 days

Immediate Spasms 82 ~~Accident, Suicide, Homicide~~

Reported by Thomas P. Sappington

Address Unionville Frederick Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068